SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. (6-02)

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTIO

| OMB APPROVAL | |
|--------------------------|--|
| OMB Number: 3235-0076 | |
| Expires: May 31, 2005 | |
| Estimated average burden | |
| hours per response 1 | |

SEC USE ONLY Prefix Serial DATE RECEIVED

[D] [E]

| Filing Under (Check box(es) that apply): | [] Rule 504 | [] <u>Rule 505</u> | [X] Rule 506 | [] Section 4(6) [] ULOE |
|--|--------------------------------------|---------------------|-----------------------|---------------------------|
| Type of Filing: [X] New Filing [] Amer | | | | |
| | A. BASIC IDE | NTIFICATION I | DATA | 04044651 |
| 1. Enter the information requested about t | he issuer | | | |
| Name of Issuer ([] check if this is an ame | endment and na | me has change | d, and indicate | change.): |
| Noverant, Inc. | | | | |
| Address of Executive Offices: 1500 State Telephone Number (Including Area Code) | unday Drive, St): (919) 861-454 | | h, NC 27607 | PROCESSED OCT 0 4 2004 |
| Address of Principal Business Operations Telephone Number (Including Area Code (if different from Executive Offices) | | | | THOMSON E |
| Brief Description of Business Systems and services for improving operaregulated by the FDA Type of Business Organization | ating efficiency a | and reducing the | cost of regulat | |
| | ted partnership, ted partnership, | - | [] other | (please specify): |
| Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizati | on: (Enter two-le | • • | [X] Actu | viation for State: |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a
 class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | [] Promoter [| Beneficial Owner | | Executive Officer | [X] [| Director [] | General and/or Managing Partner | |
|--|--------------------|--|-------|----------------------|----------------|--------------|------------------------------------|--|
| Full Name (Last name Whitmeyer, Jr., F.M | first, if individu | ıal) | | | | | | |
| Business or Residence | | leigh, NC 2760 | 7 | | | | | |
| Check Box(es) that Apply: | [] Promoter | | | Executive Officer | [X] D | rirector [] | General and/or Managing Partner | |
| Full Name (Last name Disbrow, Cliff | first, if individu | ıal) | | | | | | |
| Business or Residence 420 Swan's Mill Cros | | , NC 27614 | | ··· | | | | |
| Check Box(es) that Apply: | [] Promoter | BeneficialOwner | [] | Executive Officer | [X] [| Director [] | General and/or Managing Partner | |
| Full Name (Last name Gray, Stephanie | first, if individu | ıal) | | | | | | |
| Business or Residenc 7205 Manor Oaks Dr | | IC 27615 | | | | | | |
| Check Box(es) that Apply: |] Promoter [| Beneficial Owner | [X] | Executive Officer | [X] [| Director [| General and/or Managing Partner | |
| Full Name (Last name Kong, Kimo | first, if individu | ual) | ,,,,, | , ma | | | | |
| Business or Residenc 1500 Sunday Drive, S | | eigh, NC 27607 | | | | | | |
| Check Box(es) that Apply: | [] Promoter | [X] Beneficial Owner | i | Officer | ום | Director [| General and/or Managing Partner | |
| Full Name (Last name Research Triangle V | | ual): | | | | | | |
| Business or Residence 1500 Sunday Drive, | e Address: | aleigh, NC 2760 |)7 | | | | | |

| Check Box(es) that Apply: | [] Promoter [X] Beneficial Owner | [] Executive Officer | [] Director [] General and/or Managing Partner |
|--|--|--------------------------|---|
| Full Name (Last name | l I, LP | | |
| Business or Residence 1822 E. NC 54. Suite | ce Address: 2 50, Durham, NC 27713 | | |
| Check Box(es) that Apply: | [] Promoter [X] Beneficial Owner | [] Executive Officer | [] Director [] General and/or Managing Partner |
| Full Name (Last name | , | | |
| | e Address (Number and Street, 250, Durham, NC 27713 | City, State, Zip Coo | de) |
| Check Box(es) that Apply: | [] Promoter [X] Beneficial Owner | [] Executive Officer | [] Director [] General and/or Managing Partner |
| Full Name (Last name | | | |
| Business or Residence 1822 E. NC 54, Suite | e Address 250, Durham, NC 27713 | | |
| Check Box(es) that Apply: | [] Promoter [] Beneficial Owner | [] Executive Officer | [X] Director [] General and/or Managing Partner |
| Full Name (Last name Gozzo, Frank | e first, if individual) | | |
| Business or Residence 1500 Sunday Drive, | e Address Suite 101, Raleigh, NC 27607 | | |
| Check Box(es) that Apply: | [] Promoter [] Beneficial Owner | [] Executive Officer | [] Director [] General and/or Managing Partner |
| Full Name (Last name | e first, if individual) | | *************************************** |
| Business or Residence | e Address | | |
| Check Box(es) that Apply: | [] Promoter [] Beneficial Owner | [] Executive Officer | [] Director [] General and/or Managing Partner |
| Full Name (Last name | e first, if individual) | | |
| Business or Residence | e Address: | | |
| | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | | B. IN | FORMA | TION AE | SOUT OF | FERING | ; | | | | |
|---------------------------------------|--|--|---|-------------------------------------|---|--------------------------------|--|--------------------------------------|------------------------------------|------------------------------------|---|---------------------------------------|-----|--------------------|
| 1. Has | the issu | ier sold, | or does | the issu | uer inten | d to sell, | to non-a | ccredite | d investo | rs in this | offering | ?Ye | | No [X] |
| | | | | Answe | r also in | Append | ix, Colun | nn 2, if fil | ing unde | r ULOE. | | | | |
| 2. Wha | at is the | minimur | m invest | ment tha | at will be | accepte | d from a | ny individ | dual? | •••••• | | | N/A | |
| 3. Doe | s the off | fering pe | ermit joir | nt owner | ship of a | single u | ınit? | | | | | [X] | | No [] |
| indirect of securegiste five (5 | tly, any urities in red with) persor | commis the offe the SE is to be | sion or a ering. If a C and/o listed a | similar ro a person or with a | emunera to be lis state or ciated pe | ition for sted is ar states, I | solicitation sassocia ist the na | on of pure ited pers ame of th | chasers i on or age ne broke | n conne ent of a b r or deal | ven, dire ction with oroker or er. If mor ay set fo | n sales dealer re than | | |
| Full Na | ame (La | st name | first, if i | ndividua | ıl) | | <u> </u> | | | | | | | |
| Busine | ss or R | esidenc | e Addre | ss (Num | ber and | Street, 0 | City, State | e, Zip Co | ode) | | | | | |
| Name | of Asso | ciated B | Broker or | Dealer | | | · · · · · · | | | | | | | |
| States | in Whic | h Perso | n Listed | l Has So | licited or | Intends | to Solici | t Purcha | sers | | | | | |
| (Check | "All Sta | tes" or cl | heck indi | vidual St | ates) | | | | | [|] All State | es | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
| Full N | ame (La | st name | first, if | individua | al) | | | | | | | | | |
| Busine | ess or R | esidenc | e Addre | ss (Num | ber and | Street, 0 | City, Stat | e, Zip Co | ode) | | | | | |
| Name | of Asso | ciated E | Broker o | Dealer | | | | | | | | | | |
| States | in Whic | ch Perso | n Listed | Has Sc | licited o | r Intends | to Solic | it Purcha | sers | | | | | |
| (Check | "All Sta | ites" or c | heck indi | ividual St | ates) | | | | | [|] All State | es | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
| Full N | ame (La | ist name | e first, if | individua | al) | | | | | | | | | |
| Busin | ess or R | esidenc | e Addre | ss (Num | ber and | Street, (| City, Stat | e, Zip Co | ode) | | | | | |
| Name | of Asso | ciated E | Broker o | r Dealer | | | | | | | | - | | |
| | | | | | | | to Solic | it Purcha | sers | | | · · · · · · · · · · · · · · · · · · · | | |
| , | | | | | tates) | | | | | [|] All Stat | es | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | |
| [RI] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND | USE OF PROCE | EDS |
|--|-----------------------------|--|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| Type of Security | Aggregate Offering Price | Amount Already Sold |
| Debt | \$ | \$ |
| Equity (including warrants) | \$1,850,000 | \$575,000 |
| [] Common [X] Preferred | | |
| Convertible Securities (including warrants) | \$ | \$ |
| Partnership Interests | \$ | \$ |
| Other (Specify). | \$ | \$ |
| Total | \$1,850,000 | \$575,000 |
| Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | Number Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors | 19 | \$ <u>1,212,017.21</u> |
| Non-accredited Investors | | \$ |
| Total (for filings under Rule 504 only) | | \$ |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | |
| Type of offering | Type of Security | Dollar Amount Sold |
| Rule 505 | | \$ |
| Regulation A | | \$ |
| Rule 504 | | \$ |
| Total | | \$ |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees | 1 |] \$ |
| Printing and Engraving Costs | [|] \$ |
| Legal Fees | (J | (] \$ <u>15,000</u> |
| Accounting Fees | [|] \$ |
| Engineering Fees |] |] \$ |
| Sales Commissions (specify finders' fees separately) | [|] \$ |
| Other Expenses (identify) State filing fee \$350.00 | (] | (] \$ <u>350</u> |
| Total | [|] \$15,350 |

| b. Enter the difference between the aggregate C - Question 1 and total expenses furnished This difference is the "adjusted gross proceeds | in response to Part C - Question 4.a | • | \$1,834,650 |
|---|--|---|--|
| 5. Indicate below the amount of the adjusted proposed to be used for each of the purposes on the known, furnish an estimate and check the tof the payments listed must equal the adjusted in response to Part C - Question 4.b above. | shown. If the amount for any purpose is box to the left of the estimate. The tota | S I I | |
| | | Payments to Officers, Directors, & | • |
| Salaries and fees | | Affiliates | Others []\$ |
| Purchase of real estate | | | • • • |
| Purchase of real estate | | | |
| Construction or leasing of plant buildings a | | | |
| Acquisition of other businesses (including offering that may be used in exchange issuer pursuant to a merger) | the value of securities involved in this | | |
| Repayment of indebtedness | | . [1\$ | []\$ |
| Working capital | | | |
| Other (specify): | | | []\$ |
| | | r 1 \$ | []\$ |
| | | | |
| Column Totals Total Payments Listed (column totals adde | | | |
| | D. FEDERAL SIGNATURE | | |
| The issuer has duly caused this notice to be si Rule 505, the following signature constitutes a Commission, upon written request of its staf pursuant to paragraph (b)(2) of Rule 502. | n undertaking by the issuer to furnish | to the U.S. Secur | rities and Exchange |
| Issuer (Print or Type) | Signature / | Date | |
| Noverant, Inc. | 15/16/8 | Sept 2 | 9 2009 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Kimo Kong | President | e no entretaggi gentaron mang e propinsi og gazan e se se se se | |
| | | | ······································ |
| | ATTENTION | | |
| intentional misstatements or om | issions of fact constitute federal crir U.S.C. 1001.) | ninal violations. | (See 18 |

| E. STATE SIGNATURE | | | |
|--|-----------|-----------|--|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes [] | No [X] | |
| See Appendix, Column 5, for state response. | | | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature /// | Date |
|--------------------------------|---------------------------------|-------------|
| Noverant, Inc. | 15/16/4 | Sypt 29 Tay |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | |
| Kimo Kong | President | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | Intend to non-ac investors (Part B- | to sell ccredited in State | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | Type of security and aggregate offering price fered in state Type of investor and explain state waive (Part Cultom 2) | | Disquali under Sta (if yes, explana waiver g (Part E- | fication te ULOE attach ation of granted) |
|-------|--|----------------------------------|--|--|--------|--|---|--|----|--|---|
| State | Yes | No | Series B Preferred Stock | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No | | |
| AL | | | | | | | | | | | |
| AK | | | | | | | | | | | |
| AZ | | | | | | | | | | | |
| AR | | | | | | | | | | | |
| CA | | | | | | | | | | | |
| СО | | | | | | | | | | | |
| СТ | | | | | | | | | | | |
| DE | | | | | | | Kalandara kalanda da kalandara da marangan nyangga mangan nyang | | | | |
| DC | | | | | | | | | | | |
| FL | 4 | X | 1,850,000 | 2 | 35,000 | 0 | 0 | | X | | |
| GA | | | | | | | | | | | |
| н | | | | | | | | | | | |
| ID | | | | | | | | | | | |
| IL | | | | | | | | | | | |
| IN | | | | | | | | | | | |
| IA | | | | | | | | | | | |
| KS | | | | | | | | | | | |
| KY | | | | | | | | | | | |
| LA | | | | | | | A distribution of the color of | | | | |
| ME | 1 | | | | | | | | | | |
| MD | | | | | | | | | | | |
| MA | | | | | | | | | | | |
| MI | | | | | | | | | | | |
| MN | | | | | | | | | | | |
| MS | | | | | | | | 1 | | | |
| МО | | | | | | | | | | | |

APPENDIX

| 1 | Intend to non-ac investors (Part B- | to sell credited in State | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State UL (if yes, attact explanation of amount purchased in State) Disqualification under State UL (if yes, attact explanation of explanation of waiver grante) | |
|-------|--|---------------------------------|--|--|--------------|--|--|---|----|
| State | Yes | No | Series B Preferred Stock | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| МТ | | | | oran a de la companya de la company | | | ************************************** | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
| NH | | | | المستخدات فالمنافع فيتراج بينوسون والمناف فالمناف فالمناف والمنافع المنافع الم | | | Maria de Maria de La Carta | | |
| NJ | | | | | | | | | |
| NM | | | | | | | | | |
| NY | | | | The second state of the second | | 4 | | | |
| NC | | X | 1,850,000 | 17 | 1,177,017.21 | 0 | 0 | | X |
| ND | | | | | | | | | |
| ОН | | | | | | | and the state of t | | |
| ОК | | | | | | | | | |
| OR | | | | | | | | | |
| PA | | | | | | and the state of t | | حندي | |
| RI | | | | | | | | | |
| SC | | | | | | | | | |
| SD | | | | | | | | | |
| TN | | | | | | | | | |
| TX | | | | | | | | | |
| UT | | | | | | | | | |
| VT | | | | | | | | | |
| VA | | | | | | | | | |
| WA | | | | | | | | | |
| WV | | | | | | | | | |
| WI | | | | | | | | | |
| WY | | | | | | | | | |
| PR | | <u> </u> | | | | | · | | |

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002